

STATE OF SOUTH CAROLINA

(Caption of Case)

Example: Application for a Class C Charter Certificate from
John Doe dba Doe's Limo**RECEIVED**

JAN 18 2011

PSC SC
CLERK'S OFFICE**RECEIVED**

JAN 14 2011

T.T.W.W.W227635
BEFORE THE
PUBLIC SERVICE COMMISSION
OF SOUTH CAROLINA

TRANSPORTATION COVER SHEET

DOCKET

NUMBER: 2011 - 32 T

If this is your first time filing an application with the P
have a Docket Number. The Commission will assign o
have filed with the Commission before, a Docket Num
and should be entered above.

(Please type or print)

Submitted by:

Joe D. GRAMM MEGA Omega
Transport LLC

Telephone:

843-373-25

Address:

211 Kelly St
Kingstree S.C. 29556

Fax:

843-679-31

Other:

Email:

MEGA Omega

NOTE: The cover sheet and information contained herein neither replaces nor supplements the filing and service of pleadings
as required by law. This form is required for use by the Public Service Commission of South Carolina for the purpose of dock
be filled out completely.

NATURE OF ACTION (Check all that apply)

- | | |
|--|---|
| <input type="checkbox"/> Application - Class A/A Restricted | <input type="checkbox"/> Request for Name Change on Ce |
| <input type="checkbox"/> Application - Class C Taxi | <input type="checkbox"/> Request to Amend Scope of Autl |
| <input type="checkbox"/> Application - Class C Charter | <input type="checkbox"/> Request to Amend Tariff (rate in |
| <input checked="" type="checkbox"/> Application - Class C Charter Bus | <input type="checkbox"/> Request to Amend Passenger Lin |
| <input type="checkbox"/> Application - Class C Non-Emergency | <input type="checkbox"/> Request |
| <input type="checkbox"/> Application - Class C Stretcher Van | <input type="checkbox"/> Exhibit |
| <input type="checkbox"/> Application - Class E Household Goods | <input type="checkbox"/> Late-Filed Exhibit |
| <input type="checkbox"/> Application - Class E Hazardous Waste | <input type="checkbox"/> Letter |
| <input type="checkbox"/> Application | <input type="checkbox"/> Proposed Order |
| <input type="checkbox"/> Request for Extension to Comply with Order | <input type="checkbox"/> Publisher's Affidavit |
| <input type="checkbox"/> Request for Order Granting Authority to Obtain a Certificate
of Public Convenience and Necessity to be Rescinded | <input type="checkbox"/> Reservation Letter |
| <input type="checkbox"/> Request for Cancellation of Certificate | <input type="checkbox"/> Response |
| <input type="checkbox"/> Request for Suspension | <input type="checkbox"/> Return to Petition |
| <input type="checkbox"/> Request for Reinstatement | <input type="checkbox"/> Other: _____ |

If you have any questions about this form, please contact the PUBLIC SERVICE COMMISSION at 803-891

ps

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA
 101 Executive Center Drive, Suite 100
 Columbia, South Carolina 29210
 (Mailing address: Post Office Drawer 11649, Columbia, SC 29211)

Phone: (803) 896-5100

FAX: (803) 896-5199

APPLICATION FOR CLASS C - CHARTER BUS CERTIFICATE

CLASS C - CHARTER BUS

Date: Aug 2, 2010

Application is hereby made for a Class C - Charter Bus Certificate

RECEIVED

JAN 14 2011

1. Name under which business is to be conducted (corporation, partnership, or sole proprietorship, with or without

Mega Omega Transport Team LLC
3144 North Williamsburg Co Hwy, Cades SC
 Street Address of Applicant

Po Box 54, Cades SC 29518
 Mailing Address of Applicant if different from street address

843-373-2552 843-679-319
 Phone FAX

MegaPalCo 2002@yahoo.com
 Email Address

2. If incorporated, a copy of Articles of Incorporation must be attached. (If incorporated outside of SC, attach Secretary of State "Foreign Corporation" Certificate.)

3. Select Entity Type: (Check one)

☒ Individual Owner/Sole Proprietorship

☐ Partnership - List names and address of all person having an interest in the business.

☐ Corporation - List names and addresses of two principal officers.

Jan-12-2011 04:08pm From-WACHOVIA

843 664 2874

T-864 P.002/003

INSURANCE QUOTE

This form **MUST BE COMPLETED AND SIGNED** by an **AUTHORIZED INSURANCE COMPANY**

The following insurance quote is for:

MEGA OMEGA TRANSPORT TEAM LLC

Name of Motor Carrier

P.O. BOX 54 CADES SC 29518

Address of Motor Carrier

Amount of Premium:

Limits Quoted: (See Below)

Liability Insurance \$ **11,011**

Limits **\$5,000,000**

The above quoted premium is for a term of **12** months.

Minimum Limits - Intrastate Only:

16 or More Passengers \$ 25,000/300,000/25,000

GRANITE STATE INSURANCE COMPANY

Name of Insurance Company

**175 WATER STREET
NEW YORK NY 10038**

Home Office Address of Company

I am familiar with the Commission's Rules and Regulations relating to insurance requirements and meets the minimum insurance limits prescribed. The insurance company making this quote is authentic South Carolina Department of Insurance to do business in South Carolina.

1/12/11
Date

Marion G. Allen
Authorized Insurance Company Representative's Signature

The insurance quote must be complete, listing current insurance premiums. At the discretion of the Commission current insurance policies may be required. Do not provide a copy of insurance policies unless requested.

Jan-12-2011 04:08pm From-WACHOVIA

843 664 2974

T-864 P.003/003

Exhibit FWA

Name

2001P95

U.S.D.O.T No.

ICC No.

1. Does Applicant have a Safety Rating from the U.S.D.O.T.?

☒ Yes☐ No☐ Pending

(Submit when received)

If Yes, indicate rating below and provide copy.

☒ Satisfactory☐ Conditional☐ Unsatisfactory

2. Have any of Applicant's drivers or vehicles been places "out of service" by Transport Police the past twelve (12) months?

☐ Yes☒ No

3. Are there currently any outstanding judgments against the Applicant?

☐ Yes☒ No

If Yes, indicate nature of judgement(s) against applicant.

4. Is Applicant familiar with all insurance regulations and safety regulations governing charter t operations in South South Carolina, and does Applicant agree to operate in compliance with t

☒ Yes☐ No

5. Is Applicant aware of the Commission's insurance requirements and the insurance premium c therewith?

☒ Yes☐ No

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA
POST OFFICE DRAWER 11649
COLUMBIA, SOUTH CAROLINA 29211

Applicant is familiar with the provision of S.C. Code Ann. §58-23-10, et seq.(1976), and amendments and R.103-100 through R.103-241 of the Commission's Rules and Regulations for Motor Carriers (Vol Code Ann., 1976), and R.38-400 through 38-503 of the Department of Public Safety's Rules and Regul Motor Carriers (Vol.23A, S.C. Code Ann.,1976) and amendments thereto, and hereby promises compli therewith.

STATE OF SOUTH CAROLINA

COUNTY OF

Williamsburg

Joe D. Graham
Applicant's Signature

I, Joe D. Graham, ceo owner
Name of Applicant's Representative Title
of Mesa Omega Transport Team LLC
Applicant

the Applicant for the Charter Bus Certificate as set forth in the foregoing, swear or affirm that all stater contained in the above application are true and correct.

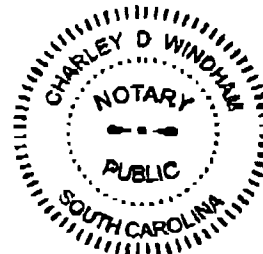
Joe D. Graham
Signature of Applicant's Representative

SWORN TO BEFORE ME
This 12 day of January, 2011

Charley D. Windham
Notary Public

Commission Expires

My Commission Expires
July 30, 2020



The State of South Carolina



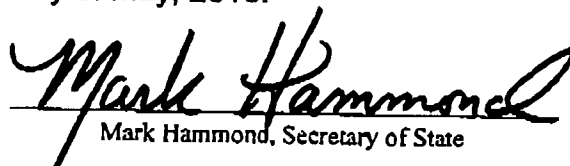
Office of Secretary of State Mark Hammond

Certificate of Existence

I, Mark Hammond, Secretary of State of South Carolina Hereby certify that:

MEGA OMEGA TRANSPORT TEAM LLC, A Limited Liability Company duly organized under the laws of the State of South Carolina on April 29th, 2010, with a duration that is at will, has as of this date filed all reports due this office, paid all fees, taxes and penalties owed to the Secretary of State, that the Secretary of State has not mailed notice to the company that it is subject to being dissolved by administrative action pursuant to section 33-44-809 of the South Carolina Code, and that the company has not filed articles of termination as of the date hereof.

Given under my Hand and the Great
Seal of the State of South Carolina this
4th day of May, 2010.

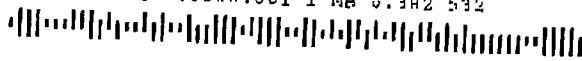

Mark Hammond, Secretary of State



IRS DEPARTMENT OF THE TREASURY
INTERNAL REVENUE SERVICE
OGDEN UT 84201-0023

Date of this notice: 04-22-11
on Number

001518-600190.0000.001 1 MB 0.342 532



MEGA OMEGA TRANSPORT TEAM LLC
JOE D GRAHAM SOLE MBR
211 KELLY ST
KINGSTREE SC 29556

Number of this notice: CP 57

For assistance you may call u
1-800-829-4933

IF YOU WRITE, ATTACH THE
STUB OF THIS NOTICE.

WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER

Thank you for applying for an Employer Identification Number (EIN). We assigned this EIN will identify you, your business accounts, tax returns. you have no employees. Please keep this notice in your

When filing tax documents, payments, and related correspondence, it is very important that you use your EIN and complete name and address exactly as shown above. Any variation may cause a delay in processing, result in incorrect information in your account, or even cause you to be assigned more than one EIN. If the information is not correct as shown above, please make the correction using the attached tear off stub and return it to us.

A limited liability company (LLC) may file Form 8832, Entity Classification Election, and elect to be classified as an association taxable as a corporation. If the LLC is eligible to be treated as a corporation that meets certain tests and it will be electing S corporation status, it must timely file Form 2553, Election by a Small Business Corporation. The LLC will be treated as a corporation as of the effective date of the S corporation election and does not need to file Form 8832.

To obtain tax forms and publications, including those referenced in this notice, visit our Web site at www.irs.gov. If you do not have access to the Internet, call 1-800-829-3676 (TTY/TDD 1-800-829-4059) or visit your local IRS office.

IMPORTANT REMINDERS:

- * Keep a copy of this notice in your permanent records. This notice is issued only one time and IRS will not be able to generate a duplicate copy for you.
- * Use this EIN and your name exactly as they appear at the top of this notice on all your federal tax forms.
- * Refer to this EIN on your tax-related correspondence and documents.

If you have questions about your EIN, you can call us at the phone number or write to us at the address shown at the top of this notice. If you write, please tear off the stub at the bottom of this notice and send it along with your letter. If you do not need to write us, do not complete and return this stub. Thank you for your cooperation.

Detach, complete and remit AFTER your safety audit has been performed by State Transport Poli

Joe D. Graham, Mesa Omega Transport
Applicant's Name

Safety Certification

If your operations are subject to Safety Fitness Procedures of the Federal Motor Carrier Safety Regulations (FMCSR (49 CFR Parts 100-199), even if you have not yet received a Safety Fitness Rating, you must certify as follows:

Applicant has access to and is familiar with all applicable U.S.D.O.T. regulations relating to the safe operation of commercial vehicles. In so certifying, applicant is verifying that, as a minimum, it:

1. Has in place a system and an individual responsible for ensuring overall compliance with the FMCSR and the HM regulations;
2. Can produce a copy of the FMCSR and the HM regulations;
3. Has in place a driver safety/orientation program;
4. Is familiar with the FMCSR governing driver qualifications and has in place a system for overseeing driver qualification requirements in accordance with 49 CFR Part 391.51C;
5. Has in place policies and procedures consistent with FMCSR governing driving and operational safety of commercial motor vehicles, including drivers' hours of service and vehicle inspection, repair, and maintenance (49 CFR Parts 392, 395 and 396);
6. Is in compliance with the Controlled Substance and Alcohol Use and Testing as stated in FMCSR (49 CFR Part 40, 382, if applicable).

PLEASE CHECK THE APPROPRIATE RESPONSE BELOW:

☒ Yes ☐ Not Applicable

Exempt Applicants - If you will operate only small vehicles (GVWR of 10,000 pounds or less) and do not transport hazardous materials in a quantity to require placarding under the HM regulations and are thus exempt from the FMCSR and HM regulation, you must certify as follows:

Applicant is familiar with and will observe FMCSR general operational safety fitness guidelines.

PLEASE CHECK THE APPROPRIATE RESPONSE BELOW:

☐ Yes ☐ Not Applicable

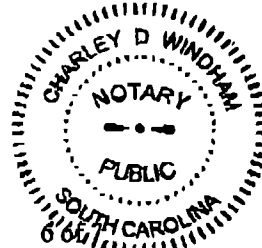
Any applicant who certifies they are in compliance with FMCSR and/or the HM regulations and upon completion of a compliance review audit, is found not to be in compliance, may have its certificate revoked.

I, Joe D. Graham, verify under penalty of perjury under the laws of the State of South Carolina that all information supplied on this form or relating to this application is true and correct. Further, I certify that I am qualified and authorized to file this application. I know that willful misstatements or omissions of material fact constitute criminal violations punishable by imprisonment and fines as prescribed by law. (Note: This oath embraces all supplemental filings to this application).

SWORN TO BEFORE ME
This 12 day of January, 2011

Charley D. Windham
Notary Public

Commission Expires My Commission Expires
July 30, 2020



Joe D. Graham
Applicant's Signature